



***Mobile Moms—Liga Inan:  
Improving Quality and Access to Maternal Care in Timor-Leste***

Grantee: Health Alliance International

Project Location: Timor-Leste, Manufahi and Ainaro Districts

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## Abbreviations Used

ANC	Antenatal Care
BEmOC	Basic Emergency Obstetric and Newborn Care
CHC	Community Health Center
DHMT	District Health Management Team
DPHO	District Program Health Officer
FP	Family Planning
HAI	Health Alliance International
HMIS	Health Management Information System
HP	Health Promotion
HQ	Headquarters
KPC	Knowledge, Practice, and Coverage
MAMA	Mobile Alliance for Maternal Action
MCH	Maternal and Child Health
MIK	Mai Ita Koko (“Come Let’s Try,” an HAI-developed health promotion package)
MNC	Maternal and Newborn Care
MOH	Ministry of Health
NBC	Newborn Care
NGO	Non-governmental Organization
PPC	Postpartum Care
PSF	Family Health Promoters (Promotores Saude Familiar)
SBA	Skilled Birth Attendant
SISCa	Integrated Community Health Services (Servisu Integradu de Saude Comunitaria)
SMS	Short Message Service
UNFPA	United Nations Population Fund

## I. Introduction, Key Progress, and Main Accomplishments

The Mobile Moms program (called “Liga Inan,” or “Connecting Mothers” in the local language) uses mobile phones to connect pregnant women with health care providers (midwives) in Timor-Leste to improve the likelihood of a healthy pregnancy and delivery. The aim of the Mobile Moms project is to increase the knowledge of, and demand for health services during pregnancy, birth and the postpartum period, strengthen the connections between mothers and midwives, and improve the capacity of district midwives to deliver basic emergency obstetric care. In the second project year Health Alliance International (HAI) focused on the following activities:

- Developing and testing SMS messages to be sent to pregnant and postpartum women
- Working with Catalpa International on design and development of the Mobile Moms service and preparing for “going live” with enrolling women into Mobile Moms
- Training district health staff in how to enroll women in the project and other features of the Mobile Moms service
- Socialization of communities and other stakeholders in the Mobile Moms project
- Enrolling women into the program
- Training of community health workers in the two program districts of Manufahi and Ainaro
- Initiating Basic Emergency Obstetric Care refresher training for midwives in Manufahi and Ainaro districts

**Table 1: Summary of Major Project Accomplishments**

Table 1: Summary of Major Project Accomplishments: Project Year 2			
Project Inputs	Activities	Outputs	Outcome
<b>Program Results/Outcome 1</b> A: Pregnant women receive regular cell phone messages B: Women have increased knowledge and improved behaviors related to pregnancy and delivery			
-Technical services of Catalpa International -GSM Hosting	-Release of Beta version of system for testing -“Going Live” - Launch of Mobile Moms enrollment -Maintenance of Mobile Moms system -Developed public facing website and data dashboard	-14,600 text messages delivered - 640 pregnant women enrolled -Mobile Moms website -Internal, password-protected data dashboard	-274 births confirmed by midwives -68 women requested to talk to midwife via the Mobile Moms automated service -1,308 website “hits” on Mobile Moms website
-Design services of Catalpa International	-Production of Mobile Moms/Liga Inan logo and socialization materials	-Liga Inan logo -Liga Inan tee shirts, hats, brochures, posters, leaflets, stickers produced	
-Technical expertise MAMA, HAI/MoH staff for development and testing of SMS messages -Time and interest of MoH	-Production of appropriate SMS messages that are gestationally-timed, culturally relevant, aligned with MoH policy	-95 SMS messages created and entered into the Mobile Moms system	-14,600 SMS sent as of September 30, 2013

Table 1: Summary of Major Project Accomplishments: Project Year 2			
Project Inputs	Activities	Outputs	Outcome
officials at central and district levels	-SMS messages field tested		
-Technical expertise of HAI, Catalpa and MoH -Time and interest of district health staff -Training materials and venue -23 Google Nexus 4 phones	-HAI and Catalpa conduct training for midwives in three subdistricts in Manufahi	-24 health staff (20 midwives, 1 doctor, 3 CHC Managers) trained in Mobile Moms project in 3 subdistricts	-Midwives have successfully enrolled women from every suco in 3 subdistricts
-HAI and MoH time and expertise -Interest of community -IEC and socialization materials	-HAI with district health staff conduct community socialization for Mobile Moms	-19 community socialization events were conducted in 3 subdistricts	-61% of registrations in the first 3 weeks occur at socialization events, contributing to the high number of attended births early in the program
<b>Program Results/Outcome 2</b> A: Volunteers (PSFs) provide quality health promotion and counseling of pregnant women B: Families visited by PSFs have increased knowledge and demand for MNC services			
-Time and interest of PSFs -MOH and HAI staff time for training/ supervision of PSFs -Training materials, trainers -Community leaders	-Conduct trainings for PSFs (with staff from district health management team) -Follow-up monitoring and supervision of PSFs	-150 PSFs completed training in MIK -75 follow-up home visits with PSFs	-68 home visits have been conducted by PSF and an additional 75 have been observed by HAI staff for quality assurance
<b>Program Results/Outcome 3</b> A: Providers at basic EmOC facilities are skilled and supported in BEmOC B: Pregnant women with obstetric emergencies are managed or referred appropriately			
-Buy-in of MoH and INS (National Training Institute) to schedule training -Technical expertise and time to conduct training -Curriculum, materials, venue and staff for technical training	-Meetings with MoH and UNFPA to develop BEmOC training plan -Training planned with BEmOC technical advisor - BEmOC refresher training conducted for Manufahi and Ainaro health staff	-5+ meetings with MoH & UNFPA to discuss BEmOC training -9 midwives provided with BEmOC refresher training	-District health staff and MOH have requested additional trainings

## II. Discussion of Implementation Activities and Results

1. Development of SMS Messages		
Project Objective	Intermediate Result	Progress
Adequate number of culturally-grounded, appropriately timed SMS messages that are aligned with MoH policy to accommodate twice weekly texts to pregnant women enrolled in Mobile Moms	95 messages developed and entered into the Mobile Moms automated service	Completed

HAI began developing text messages with a review of those available online from Mobile Alliance for Maternal Action (MAMA). From the MAMA resource we selected and adapted messages that aligned with MoH policy as well as those that seemed particularly relevant to the project's rural population. The messages were translated into Tetum, the local language, and edited to assure that they could be clearly presented within the maximum SMS (text message) length of 160 characters. The messages were then reviewed in stakeholder meetings with the MoH at both the central and district levels and adaptations made as needed. Most messages emphasized cues to action: four ANC visits, skilled birth attendance, nutrition, birth planning, and danger signs of pregnancy, delivery and the newborn period as well as messages regarding traditional practices around birth that are prevalent in Timor-Leste. Most of the messages are tailored to a women's gestational stage based on her estimated due date; many subjects are repeated for emphasis. Even women who enroll late in their pregnancy receive priority messages. The messages were field tested in focus group discussions in the implementation district with further minor adaptations made to the final set of 95 messages. Please see Annex 8 – Lessons Learned, for more detail on SMS development.

2. Training of Midwives in the Mobile Moms Program		
Project Objective	Intermediate Result	Progress
Training curriculum developed	Mobile Moms training plan and curriculum developed for district midwives, health staff	Completed
100% of subdistrict midwives in all 4 subdistricts receive Mobile Moms training	100% midwives trained in three subdistricts trained	Completed in 3 subdistricts
95% of enrollment requests sent by midwives will be correct	95% accuracy and completion rates in Same subdistrict (7 months post launch); 69% when 3 subdistricts combined, including 2 which have been online only for two months	Accuracy/completion rates expected to improve with practice in newly launched subdistricts

A phased in roll-out of enrollment in the four subdistricts of Manufahi was planned with initial enrollment in the largest subdistrict (Same) with the highest population. The Mobile Moms team wanted an opportunity for overall troubleshooting - to observe the system, identify glitches and need for follow-up training for midwives - before expansion to other subdistricts.

Mobile Moms was designed to include active involvement of district midwives. Midwives enroll pregnant women who have the use of a cell phone into the project at their first ANC visit in a simple registration process that interfaces with the Mobile Moms server. Midwives are also responsible for checking in with women by phone when they are near their due date; confirming with clients that they have delivered and sending notification to the Mobile Moms service in order to start postpartum messages; answering questions from pregnant and postpartum women via mobile phone, which will involve screening for complications during the pregnancy, delivery, postpartum and newborn periods; determining if an emergency situation exists for the pregnant/postpartum woman or her infant; and if one exists, making an appropriate response. Google Nexus 4 "smart phones" were provided to Mobile Mom health facilities allowing for more efficient and accurate interface with the Mobile Moms service.

HAI and Catalpa staff conducted a three-day training for midwives and health staff (CHC Managers) that covered both interfacing with the Mobile Moms system and additional tasks, as well as ways in which to interact with clients that are specifically related to Mobile Moms and not part of their standard clinical practice. See Annex 8 - Lessons Learned, for more details.

3. “Going Live” - Enrolling Women in Mobile Moms		
Project Objective	Intermediate Result Same Subdistrict	On Track
Enroll pregnant women in Mobile Moms	640 women enrolled (approximately 41% of pregnant women) as of Sept 30, 2013	On track
Send twice weekly SMS to all enrolled women	14,600 SMS sent as of Sept 30, 2013	On track
Increase total number of women delivering with an SBA	Number of average SBA per month increased from 36 to 58 pre- and post-intervention	On track
Increase total number of facility deliveries	Number of average facility delivery per month increased from 24 to 31 pre- and post-intervention	On track
Increase communication between midwives and their clients	68 “liga hau” requests from mothers ; 34 wide broadcast SMSs sent by midwives	On track

The Mobile Moms Program was launched on February 18, 2013 in Same subdistrict and midwives began enrolling women soon thereafter. The HAI Mobile Moms team based in Same conducted socialization events in each village to promote the project and provided support to midwives as they began enrolling women. Training of midwives in Alas and Fatuberliu subdistricts occurred in July, and midwives immediately began enrolling women. Socialization events were repeated in those subdistricts. Enrollment in the final subdistrict of Turisca was delayed but is slated to begin in mid-October 2013 (challenges discussed under the challenges section).

The Mobile Moms Program has been enrolling women for 32 weeks in Same and for 12 weeks in the Alas and Fatuberliu. By the end of September 2013, 640 women have participated in the Mobile Moms Program. In Same, where Mobile Moms has been implemented the longest, 41% of women estimated to be pregnant in 2013 have enrolled in Mobile Moms. Currently, there are 425 women still receiving messages, 197 have passed the 6-week post-partum message, and 18 women dropped out.

In addition to tips and reminders and educational messages, Mobile Moms seeks to bridge the communication gap between midwives and pregnant women. Enrolled women used the “Liga Hau” (“Call me”) feature of the system to connect with their midwives with a question or concern. There were 68 Liga Hau requests registered in the system from March to September 2013 and midwives sent out 34 bulk text messages alerting women to the schedule of mobile health clinics. Within the first month of the project, one midwife, who was the only provider at a rural health post, sent out a bulk text alerting her patients that she would be away at training for a few days and to please go to another health facility if they needed care.

Families empowered with a means of communication and connection with the health staff used the system to request transport to a facility at the onset of labor, highlighting issues regarding the availability of transportation that was brought to the attention of the MoH and donors (see the challenges section).

Mobile Moms has been met with enthusiasm by the MoH and donor community in Timor-Leste both of which have expressed a desire to expand the project beyond the implementation district of Manufahi. In addition, one of the telecom service providers approached HAI and the MoH with interest in supporting the project. The combined interest of the MoH, donors and mobile service providers in supporting the project bodes well for future scale up potential. Please see Annex 9 - Lessons Learned, for detail for more details.

4. Mobile Moms Community Socialization		
Project Objective	Intermediate Result	Progress
Design Mobile Moms logo	Creative Mobile Moms logo designed	Completed
Design and production of community socialization materials	Mobile Moms T-shirts, hats, posters, banners, leaflets, stickers produced and procured	Completed
Conduct community socialization events	19 events conducted Jan – Sept 2013	Ongoing

A strong community socialization effort to promote Mobile Moms is conducted in each subdistrict. Activities include stakeholder meetings, midwife and health staff training, and community socialization meetings for subdistrict health staff, village leadership and community members. Originally, HAI envisioned designing and developing the project logo and other socialization materials, but found that we did not possess that design capacity as an organization. However, our technology partner, Catalpa International, has strong design capacity so amendments were made to their contract for the development of a project logo and the design of materials used to brand and socialize the project: T-shirts and hats given to health staff and community health workers and worn by HAI staff, banners, posters and leaflets distributed as part of a targeted socialization campaign.

The creative design and strong branding of the Mobile Moms project, broad engagement of district health and community leadership and wide distribution of Mobile Moms materials has resulted in strong project recognition and very positive community feedback and engagement with the project. See Annex 6 for a list and examples of socialization materials.

5. PSF (Community Health Worker) Training		
Project Objective	Intermediate Result	Progress
HAI trains PSFs	150 PSFs trained in Ainaro and Manufahi	On Track
At least 1 PSF per suco (estimated minimum 50 PSF) received direct support in conducting MIK after training	75PSF were directly observed conducting home visits from more than half of suco initially trained	On Track
90% of PSFs are reached by phone for monthly check-ins during quarter after training	The LI Officers attempted to call all PSF who participated in the trainings once a month for the quarter following the trainings. They were only able to reach 33% of PSF one or more times	Attempted



HAI staff trains community health workers (“Promotores Saude Familiar” or PSF) in the use of a health promotion tool called “Mai Ita Koko” (MIK, or “Come Let’s Try”). This tool utilizes photos of local women receiving counseling and support services during pregnancy, delivery, and postpartum to stimulate discussion between the PSF and pregnant women in their homes or at monthly mobile health outreach events (SISCa). PSFs conduct home visits to promote healthy maternal behaviors including early ANC and having a skilled provider at delivery. HAI has conducted PSF training for 150 PSFs in the program area (Manufahi and Ainaro districts), observed 75 PSF conduct home visits, and conducted follow-up meetings in half of the subdistricts to date. It was initially envisioned that HAI staff would be able to conduct telephone check in with PSFs to check on their progress, however this has proved problematic. Each PSF reached only performed 1.1 home visits per month, not the 6 home visits we were anticipating. PSF who did not perform any home visits frequently listed the reasons that they were busy with other work, that they had a family commitment, or that there were no pregnant women in their community.

6. Basic Emergency Obstetric Care Training		
Project Objective	Intermediate Result	Progress
80% of midwives and other relevant district MoH staff will be trained in BEmOC	7 midwives from Manufahi, 2 from Ainaro provided refresher training	On track
80% of district midwives will be supported regarding BEmOC capacity	Unable to support due to current lack of national trainers.	Plans modified

HAI proposed support appropriate training and follow-up of nationally planned workshops in Basic Emergency Obstetric Care (BEmOC) for district-based midwives in Manufahi and Ainaro, in collaboration with the MOH, UNFPA and INS (National Training Institute). However, this national training has been delayed due to the lack of full training and follow-up required for certification of national trainers in BEmOC. This shortfall has resulted in a gap in the training capacity for BEmOC in the country.

With national BEmOC training stalled for an undetermined period of time, HAI has elected to support focused 3-day refresher training as a best alternative strategy. There are 16 BEmOC certified midwives in the Mobile Moms program area (Manufahi and Ainaro Districts) who received training in 2010 and who will receive refresher training as part of the Mobile Moms project. HAI conducted careful negotiations with the MoH, UNFPA and INS to gain approval for this strategy. Dr. Amita Pradham Thapa, an obstetrician who has worked in Timor-Leste for over 10 years and is the only qualified BEmOC trainer in the country, conducted the first 3-day refresher training in August 2013 for 9 midwives (7 from Manufahi and 2 from Ainaro). A second training is planned for midwives who missed the first training. Feedback from the training has been so positive that the head of both districts have requested that the newly returned Cuban-trained Timorese doctors also attend. HAI will expand the refresher training to other districts (covered under AusAID funding).

## Implementation Lessons Learned

- **Technology partner.** The expertise that Catalpa brings to the project has been absolutely crucial to its success. Catalpa staff are as committed and dedicated to the success of Mobile Moms as HAI staff and the result has been a very dynamic partnership. The fact that

Catalpa is based in Timor-Leste and has staff who have lived in Timor-Leste for years, are culturally-grounded and fluent in the local language have been tremendous assets. There have been many nuanced details embedded in the Mobile Moms service right from the start as a result of Catalpa's contextual knowledge of "how things work" in Timor-Leste, both in terms of the mobile technology landscape, but also the cultural parameters that inherently frame the project.

- **Stakeholder Engagement.** Attention to stakeholder engagement is worth the time and effort and has resulted in wide buy-in and strong MoH support at the central and district levels, among communities, from the USAID Mission and other on-the-ground donors.
- **SMS Messages.** Using the MAMA online resource for development of text messages was very useful and efficient, but messages need careful review and adaptations to specific country contexts and policies to assure they are culturally and politically grounded.
- **Telephone Survey.** Early implementation assessments to highlight barriers to access as well as understanding and satisfaction with text messages was important to make programmatic corrections (Annex 5).
- **Project Branding.** Outsourcing creative design work to develop a project logo and socialization materials resulted creative designs of a high quality resulting in strong project recognition and facilitated community socialization (Annex 6).
- **Mobile Moms Project website ([www.ligainan.org](http://www.ligainan.org)).** A well-designed project website available in English and Tetun has facilitated local and international dissemination of the Mobile Moms project and has resulted in a significant amount of media attention.
- **BEmOC Training.** It is difficult to predict the readiness for national training initiatives over which a NGO partner ultimately does not control and having a "backup" strategy that has stakeholder support is well advised.
- **PSF Monitoring.** We were unable to reach our target of 90% of PSF via phone survey. Only 2/3 of PSF provided a valid telephone number and only 1/3 could be reached one time or more during the 3 months after attending training. This method yielded few responses and is not a good method to rely on in Timor-Leste at this time.

#### **See Annex 7 for Table 2, Summary of Key Analysis and Use of Findings**

**Stakeholder involvement.** The project's key stakeholders, MOH health officials, health staff and community members, have become increasingly engaged in the project over the past year. Community meetings have engendered very enthusiastic and positive responses from both families and community leaders, leading to high levels of initial registrations of pregnant women and very few dropouts from the system. Health staff are intensely engaged and supportive of the benefits of the project. An assessment of the effects of the project responsibilities on the attitudes and workloads of midwives is currently under way.

The project has had substantial positive publicity at both district and national levels. MOH has expressed strong interest in expanding the efforts of the project to adjoining districts and eventually nationwide. AusAID has asked HAI to submit a funding proposal for expansion of the Mobile Moms project that would see phased in roll out to additional districts. In any expansion efforts undertaken, HAI staff will work to maintain the integrity of the Mobile Moms OR plan and the implementation and control districts until a final KPC survey is completed.

**Mission Collaboration.** Although the Mobile Moms program is a centrally funded award, we have established a close working relationship with the USAID Mission and receive significant local support. Our key focal point in the Mission is Tanya Wells-Brown, Health Advisor, with whom we have regular monthly meetings to discuss progress and HAI's HQ Director of Timor-Leste programs meets with Mission staff on every field visit. Ms. Wells-Brown accompanied HAI staff to Same subdistrict for the launch of the Mobile Moms project. The Mission asked the Mobile Moms project to participate in a USAID expo held locally in March 2013 where materials and information on Mobile Moms was presented. A story featuring Mobile Moms was also included on the USAID Timor-Leste web site.

### III. Operations Research Annual Progress

The planned OR tasks in Project Year 2 were 1) to determine the success of messages in reaching program enrollees, and 2) to track routinely collected HMIS data on key project indicators related to skilled assistance for delivery. Both tasks were accomplished (see Table 3).

**Table 3: OR Study Progress and Achievements in Year 2**

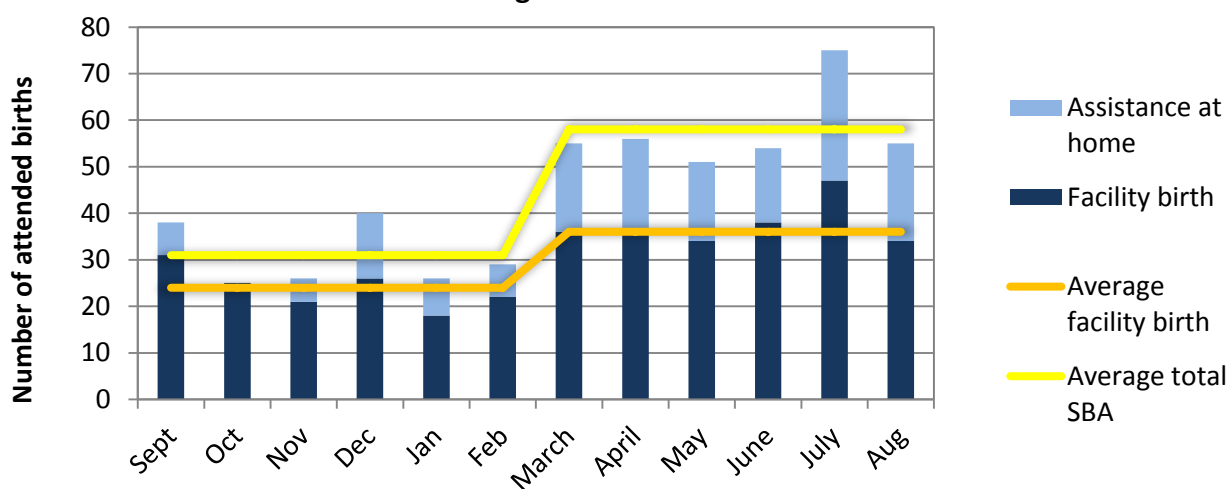
Related Specific Objective/s of the Task/s (as outlined in OR Protocol)	OR Study Key Activities/ Tasks Addressed during this Reporting Period	Any important Findings, Data, and/or Discussion of Progress (positive/negative)	Use and/or Dissemination of Results to Stakeholders
To determine the success of messages in reaching the program enrollees	Telephone survey with 50 women enrolled in the first month of the Mobile Moms project to assess ease of access to the program, if women are receiving, understanding, remembering and sharing Mobile Moms text messages	<b>Receiving:</b> 82% of women recalled receiving a message within 2 weeks or more than two weeks; 17% recalled receiving but could not identify a timeframe <b>Accessing:</b> 96% reported program easy to access <b>Understanding:</b> 94% reported messages understood <b>Remembering:</b> 65% recalled one or more messages <b>Sharing:</b> 35% of women report sharing with family or neighbor	Report written, translated and disseminated to stakeholders  Barriers to access discussed with team and solutions developed and implemented
Increase total skilled birth attendance (SBA)	Analyze routinely collected HMIS data before and after Mobile Moms intervention	Skilled birth attendance increased noticeably after the program was launched: from an average of 24 facility births per month and a total of 31 SBA to 36 facility births per month and 58 total SBA.	Presentations to central and district MoH
Increase facility deliveries			Presentation at TL Conference

**Telephone Survey of Mobile Mom Enrollees.** To learn more about the experience of women in the Mobile Moms program, 50 women were sampled who had enrolled during the first three weeks of the program (February 20 – May 14, 2013). Of the 50 women selected, 48 ultimately answered the survey questions. Women were asked a series of questions about the ease of enrollment, the number of messages they regularly receive each week (out of 2), if they

remember messages, any problems they have encountered and their satisfaction with the program. Please see Annex 5 for a full report.

**HMIS data on Skilled Birth Attendance.** An immediate increase in midwife-attended births was seen in Subdistrict Same following the launch of the Mobile Moms. In the six months prior to the launch, midwives had assisted with an average of 24 facility births per month and a total of 31 births at both homes and facilities. This increased to 36 facility births per month and 58 total assisted births after the launch of the program. As Figure 1 demonstrates, this increase was clear and sustained. Similar increases have not yet been seen in Alas and Fatuberliu but it is only 3 months since launch in those areas and issues related to transportation may be more burdensome in both subdistricts.

**Figure 1: Average monthly number of midwife-attended births preceding/following the launch of the Mobile Moms Program in Same Subdistrict**



The following **products have been generated** from the Mobile Moms project (see Annex 6):

- Socialization materials by Catalpa staff
- Various online articles and radio programs
- Submitted and accepted abstract for oral presentation at APHA 2013 Annual Meeting: *Using Mobile Technologies to improve health: Lessons Learned to date*
- Abstract accepted for oral presentation and presented at Timor-Leste Studies Association 2013 Annual Conference: *Mobile Moms: Design Issues in the Use of Cell Phones to Improve Maternal Care in Timor-Leste*
- Powerpoint presentation for Timor-Leste Minister of Health
- Report: Follow-up Phone Calls with Enrolled Women from Same Subdistrict
- Journal article: Untitled/unpublished, in preparation using HAI's KPC survey

### Problems/Challenges

- **Phased-in Rollout of Mobile Moms Enrollment.** A phased in rollout of Mobile Moms was planned to identify glitches and other "bugs" prior to expanding to all subdistricts. During the first five months several issues were addressed and resolved, followed by rollout to Alas and Fatuberliu in July 2013. Rollout was delayed in Turisca, because of the limited number

of health staff: of their two midwives, one is the CHC Manager, with a heavier workload, and the other was on maternity leave. One of the midwives and five newly trained doctors at the CHC in Turiscai will be trained in mid-October.

- **Transportation to Health Facilities.** Mobile Moms advocates for deliveries by a midwife and at a health facility, and this often requires transport from the health system. However the multi-functional vehicle summoned for delivery transport is sometimes unavailable, broken down, or out of fuel. At times HAI project staff have stepped in to provide this transportation, though filling this gap is not an explicit or desired feature of the project. Mobile Moms staff sparked a dialogue among donors and the MoH on this problem; the World Bank now provides funds for fuel directly to district health teams; AusAID assessed repairs needed and initiated a tender for a service to address those needs.
- **PSFs.** The national PSF program in Timor-Leste is evolving and our initial estimates of the numbers of potential PSF visits were not realistic. Those numbers have been revised to reflect local realities.
- **Basic Emergency Obstetric Care Training.** Plans to roll out national BEmOC training for midwives in Timor-Leste have been stalled. Refresher training for midwives who have already received the full, hospital-based BEmOC training will be carried out in both program districts as per our OR plan.
- **Cabinet of Health Research and Development (CHRD).** In December 2012, HAI provided technical advice and capacity building for OR in the CHRD. The new Minister of Health (appointed early 2012) has now disbanded the CHRD and it is unclear what entity will be tasked with coordinating in-country research and expanding OR capacity. HAI will continue to advocate for this work at the central MoH level.

The shift in BEmOC training strategy is the only real **change to our OR plan**. The current uncertainty of what entity will be tasked with research requests, ethics review and capacity building is a concern and unfortunate, but not expected to directly impact our OR plan.

**For the coming year** we are currently assessing the timing of carrying out HAI's final KPC survey, whether late in PY3 or early in PY4. Issues including avoiding the rainy season, the possibility of recruiting a MPH graduate student to assist in the survey, and allowing sufficient time for enrollment are factors in the decision. For 10 weeks in the fall of 2013, a MPH graduate student from the US will be conducting research on the Mobile Moms project. Her thesis is: *Experiences of the health workforce in adopting and using Liga Inan and its impact on perceived workload and job satisfaction*. We anticipate this research informing scale-up discussions in the future. We anticipate submitting a funding proposal to the Australian Agency for International Development in 2014 which may include support for expansion of the Mobile Moms project.